

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077167

Entity Name: THE HEALTH CENTER OF LAKE CITY, INC.

Current Principal Place of Business:

1784 W NORTHFIELD BLVD
#347
MURFREESBORO, TN 37129

Current Mailing Address:

1784 W NORTHFIELD BLVD
#347
MURFREESBORO, TN 37129 US

FEI Number: 59-3664431

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DPTS
Name STRAWN, STEVE
Address 52 RILEY ROAD #381
City-State-Zip: CELEBRATION FL 34747

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVE STRAWN _____

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01/09/2016

Electronic Signature of Signing Officer/Director Detail

_____ Date